



AMEDD VA/DOD Health Care Resources Sharing Newsletter

VA/DOD Health Care Resources
Sharing Program Office

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Greetings from the AMEDD/VA/DOD Resources Sharing Program Office — Happy New Year!



One Year Celebration!

The Jan 03 newsletter represents the beginning of our second year publishing this newsletter. We hope you are satisfied with the 12 issues we published last year. The purpose of this newsletter is to keep you informed of resources sharing activities ongoing between DoD and the VA, provide examples of successful resource sharing programs, keep you abreast of new legislation on VA and DoD resources sharing, and to encourage resource sharing between the VA and DoD.

Major activities reported during the past year were the "President's Task Force to Improve Health Care Delivery for Our Nation's Veterans", the formation of the TMA's DoD/VA Coordination Office, the signing of the VA/DoD National Reimbursement Rate Memorandum of Agreement, the VA's Capital Asset Realignment

for Enhanced Services (CARES) Program, the VA/DoD provisions of the National Defense Authorization Act (NDAA) for Fiscal Year 2003, and 11 success stories.

We thank all persons, who have contributed to the success of these newsletters and to all individuals, who took the time to read the newsletters, and share them with other persons. We encourage you to make suggestions on ways to improve the newsletter and to furnish us articles for the coming year. Please send your comments and articles to Jerry. Brown@cen.amedd.army.mil or Christine.Cisco@cen.amedd.army.mil.

Success Story 1 Technology Assessment for Diagnostic Imaging Equipment at DOD and VA Hospitals

By Mr. Ron Wolf, Anteon
Corp

Since 1994, the U.S. Army Medical Materiel Agency, Fort Detrick, MD, has conducted technology evaluations, referred to as the Technology Assessment and Requirements Analysis (TARA) Program, of diagnostic imaging equipment. These assessments have been conducted at more than 100, mostly Army, Medical Centers, Community Hospitals, and Troop Medical Clinics. Assessments of hospitals of the U. S. Navy, Air Force, and Veterans Affairs have also been conducted.

For Veterans Integrated Services Network (VISN) 14, VA hospitals in Des Moines, Iowa City, Omaha, and Lincoln were visited. A significant conclusion of the TARA process was that much of the equipment was old or obsolete technology, and ready to be replaced. In addition, the facilities were

Continued on Page 2

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In This Issue:

	Page
1st Anniversary Issue	1
TARA Success Story	1
Calendar	1
NDAA03 Signed	2
TRICARE Southwest and Central Partners With the VA Success Story	2
FY02 Cost Utilization Report	2

Special points of interest:

- We encourage the increased use of VA/DOD Health Care Resources Sharing Agreements!

HOT TOPIC:

Our Web Page moved please update your favorites!

- Visit our **MEDCOM VA/DoD Health Care Resources Sharing web page** at:
<http://pad.amedd.army.mil/VADoDResourcesSharing/index.htm>



AMEDD VA/DoD Resources Sharing Calendar

Events	Reports — Due Dates
8 Jan 03 — PTF Meeting — Improve Healthcare Delivery for Veterans, Wash, DC	31 Jan 03 — 1QFY03 Separation Physical Report
23 Jan 03 — VA/DoD Joint Executive Council Meeting, Pentagon, Wash, DC	28 Feb 03 — 1QFY03 Cost Utilization Report
TBD Jan 03 — VA/DoD Coordination Division Working Group Meeting, Falls Church, VA	30 Apr 03 — 2QFY03 Separation Physical Report
27 - 30 Jan 03 — TRICARE Conference, Wash, DC	30 May 03 — 2QFY03 Cost Utilization Report

over equipped, and by removing from service and not replacing unused equipment, VISN 14 could eliminate about \$4 million in unneeded expenses. To help VISN 14 effectively manage its imaging equipment, a 5-year equipment replacement or upgrade plan was provided.

VISN 3 is interested in developing a program similar to the TARA. A physician representative from VISN 3 accompanied the TARA team to Ireland Army Community Hospital, Fort Knox, to observe procedures and methods for conducting the TARA. The TARA team had previously provided VISN 3 with interview questionnaires and software used to conduct and manage the TARA. The goal was to help train VISN 3 personnel to conduct their own technology assessments, and VISN 3 intends to adapt the questionnaires and software to their needs.

Currently, USAMMA lacks the resources to expand the scope of the TARA program. However, the TARA program is a knowledge-sharing opportunity available for other DOD facilities and the VA. For information, contact Ms. Dawn Rosarius at (301) 619-4473 or at dawn.rosarius@amedd.army.mil.

President Signs NDAA 03!

President Bush signed the NDAA 03 bill on 2 Dec 02. Provisions, per the Conference Report language, impacting VA/DoD resources sharing are:

Section 708 - This provision requires regulations to prescribe a process for resolving issues related to patient safety and continuity of care for dual eligible beneficiaries.

Section 721 - This provision requires DoD and the VA to enter into agreements and contracts for coordination, and use or exchange of health care resources. A new requirement calls for the VA and DoD to develop a joint strategic vision statement and report annually on resources sharing progress to Congress.

Section 722 - This provision establishes three demonstration sites to fully integrate the operations of the DoD and VA medical facilities in order to test the extent to which the integration improves health care to their beneficiaries, and creates cost efficiencies for the Government. The demonstrations are to begin NLT 1 October 2004 and runs through 30 Sep 2007. The VA/DoD Health Executive Council will determine the medical facilities for the three demonstration sites.

Section 723 - This provision requires the VA and DoD to jointly review the adequacy of current processes, existing statutory authorities and policy to respond to acts of domestic terrorism, or use of weapons of mass destruction.

Section 724 - This provision requires the DoD and VA to ensure that the VA pharmacy data system and the DoD Pharmacy Data Transaction System (PDTs) are interoperable NLT 1 Oct 2005.

Section 725 - This provision requires the DoD and VA to establish a joint pilot program for GME to be provided to military and civilian physicians through one or more programs carried out in MTFs and VA medical centers NLT 1 Jan 2003 and run through 31 Jul 2008.

Success Story 2

TRICARE Southwest and Central Partners With the VA to Standardize Vital Signs Monitors

By Mr. Kevin W. Hill, Anteon Corp

TRICARE Regions Southwest & Central have partnered with the Department of Veterans Affairs to collaborate in a procurement effort for the standardization of patient **Vital Signs Monitors**. This effort will support 46 DOD medical facilities and 172 VA medical centers in the 50 states, D.C., and Puerto Rico. Equipment selection will not only include sources to satisfy peacetime healthcare requirements but also aeromedical evacuation requirements to support DOD deployments. Eleven (11) vendors have responded to the announcement. Expected savings from this joint business effort is estimated at 10% - 15% of total purchases over the next five (5) years. Based on current equipment density, TRICARE Southwest and Central potential savings are \$700,000 to \$1 million. The intent of the standardization program in general is to establish preferred sources for hospital supply and equipment items and to achieve discount pricing in trade for committed volume purchasing. This represents an initial opportunity to collaborate with the VA and to take advantage of its considerable purchasing power. Beyond the fiscal dividends reaped by the DOD as discussed in the description above, the results of this effort will provide a template/model for future partnership efforts with the VA for medical equipment partnership acquisitions. The first meeting of VA and DOD Clinical Group representatives is tentatively scheduled for 7-8 January 2003 in San Antonio, TX.



Annual FY02 VA/DoD Cost Utilization Report



	DoD Paid to VA	DoD to VA Bartered Services	DoD to VA Owed	DoD to VA in Dispute	VA Paid to DoD	VA to DoD Bartered Services	VA to DoD Owed
ERMC	\$0	\$0	\$0	\$0	\$52,378	\$0	\$9,501
GPRMC	\$2,227,341	\$250,599	\$25,691	\$0	\$4,881,186	\$160,756	\$327,518
Korea	\$0	\$0	\$0	\$0	\$61,025	\$0	\$0
MEDCOM	\$788,572	\$0	\$0	\$0	\$0	\$0	\$0
NARMC	\$5,291,643	\$2,171,010	\$0	\$4,515	\$835,041	\$1,460,031	\$11,329
PRMC	\$26,141	\$0	\$0	\$0	\$12,790,838	\$0	\$4,719,259
SERMC	\$821,837	\$2,002,922	\$14,851	\$0	\$183,364	\$2,202,573	\$0
WRMC	\$1,215,105	\$0	\$56,416	\$0	\$1,636,312	\$0	\$286,193
Totals	\$10,370,639	\$4,424,531	\$96,958	\$4,515	\$20,440,144	\$3,823,360	\$5,353,800